

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13082**

FILED MAR 25 1953

BIRTH NO.		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 4542		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster			
b. CITY (If outside corporate limits, write RURAL and give township) SEYMOUR		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) SEYMOUR		1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Albert		b. (Middle) Jacob		c. (Last) Kuhnel	
4. DATE OF DEATH		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAR. 20 1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 30, 1878	
9. AGE (In years last birthday) 74		10. MONTHS 2		10. DAYS 20		10. HOURS 0 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Kuhnel		13b. MOTHER'S MAIDEN NAME Louisa Dreher		14. NAME OF HUSBAND OR WIFE Coral Kuhnel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Coral Kuhnel			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unable to eat ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aschma - difficulty breathing DUE TO (c) Cancer II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7-53X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-18 , 19 53 to 3-20 , 19 53 , that I last saw the deceased alive on 3-20 , 19 53 , and that death occurred at 5:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE G. J. Beers MD				23b. ADDRESS SEYMOUR MO		23c. DATE SIGNED 3-21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAY 22 1953		24c. NAME OF CEMETERY OR CREMATORY SEYMOUR		24d. LOCATION (City, town, or county) (State) SEYMOUR MISSOURI	
DATE REC'D BY LOCAL REG. 3-23-1953		REGISTRAR'S SIGNATURE Gilbert Jones		25. FUNERAL DIRECTOR'S SIGNATURE Kelley - Trull - Bejman - Seymour			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Max J Miller

Licensed Embalmer No. *4720*

P. O. Address *Manoel Ms.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.